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| Part A. Request Information  |
| Office/Unit: | Click here to enter text. | Date:  | Click here to enter a date. |
| Contact Name: | Click here to enter text. | Phone:  | Click here to enter text. |
| Email Address: | Click here to enter text. |  |
|  |
| 1. What space are you requesting? If space is unknown, enter the square footage needed.
 |
| Click here to enter text. |
| 1. How is space currently being used and for what department/area?
 |
| Click here to enter text. |
| 1. Space is needed by what date? Click here to enter a date.
 |
| 1. Space will be used for how long? Permanently [ ]  Temporarily [ ]
 |
| If temporarily used, what is the expected end date? Click here to enter a date. |
| 1. Will you accept the space requested WITHOUT modification or renovation? YES [ ]  NO [ ]
 |
| 1. Provide **all** the following IF renovation is needed OR enter ‘accept as is’ if renovation is not needed.
 |
| * Description of renovation and/or modification
 |
| * Cost Estimates from Physical Plant and iTech
 |
| * Account information for the funding source
 |
| * Signature authorities for the funding source
 |
| Click here to enter text. |
| 1. Will the requested space be used for a grant project? YES [ ]  NO [ ]
 |
| * If grant funded, will the grant pay the University for use of the space requested?
 |
| YES [ ]  NO [ ]  Not a grant project [ ]  |
| * If grant funded, will the grant pay the University utilities?
 |
| YES [ ]  NO [ ]  Not a grant project [ ]  |
| * If grant funded, will the grant pay the rental of off-campus facilities?
 |
| YES [ ]  NO [ ]  Not a grant project [ ]  |
| * If grant funded, will the grant pay any needed renovations/modifications?
 |
| YES [ ]  NO [ ]  Not a grant project [ ]  |
| Part B. Justification for the Requested Space |
| 1. Briefly describe why new or additional space is needed and the purpose of the space requested.
 |
| Click here to enter text. |
| 1. Describe who will occupy the requested space.
 |
| Click here to enter text. |
| 1. Briefly describe what type of space is requested (i.e., number of rooms, type of rooms, square footage needed, etc.)
 |
| Click here to enter text. |
| 1. If the use is for academic purposes, provide data to justify the need for the space such as data showing a three-year growth pattern in majors, SCHs, graduation rate, etc.
 |
| Click here to enter text. |
| 1. Address the implications to your program/service if new or additional space is not approved.
 |
| Click here to enter text. |
| 1. Describe any efforts that have been made to locate space within your current space allocation. (e.g., has the underutilized space been assessed to solve this need or have shared space possibilities been explored?)
 |
| Click here to enter text. |

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| 1. Provide information on any time constraints or relevant needs that may affect the allocation of space.
 |
| Click here to enter text. |
| Part C. Existing Space |
| 1. Location of space currently occupied by the unit/function that is requesting new space or additional space.
 |
| Click here to enter text. |
| 1. What is the assignable square footage of the current space?
 |
| Click here to enter text. |
| 1. Will all or part of this space be vacated? YES [ ]  NO [ ]
 |
| If no, explain reason(s) why current space will not be vacated, and what and how will it be used. |
| Click here to enter text. |
| PART D. Authorization & Signatures |
| Budget Authority: Click here to enter text. | Budget String: Click here to enter text. |
|  |
| *Signature of Budget Authority* | *Date* |
| Department Chair/Director/Supervisor: Click here to enter text. |
| *Signature Department Chair/Director/Supervisor* | *Date* |
| Dean (if applicable): Click here to enter text. |
| *Signature Dean* | *Date* |
| Vice President/Executive Cabinet Member Click here to enter text. |
| *Signature Vice President/Executive Cabinet Member* | *Date* |